



## Volunteer Guardianship Application

*[While this application may seem extensive, guardianship is a serious responsibility and it is imperative that this agency take all steps necessary to ensure that the individuals that volunteer in this capacity be of the highest character. Thank you in advance for your cooperation.]*

### Personal Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_, OH \_\_\_\_\_ Zip Code \_\_\_\_\_

Length of Time at current residence \_\_\_\_\_

Previous Address (If at current address less than 5 years)

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

I am 21 years of age or older meeting age requirement of program.

Yes \_\_\_\_\_ No \_\_\_\_\_

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What is the highest level of education you completed? \_\_\_\_\_

List any college degrees, special training, etc.: \_\_\_\_\_

Do you speak a foreign language? Y N If yes, which language(s) \_\_\_\_\_

Can you communicate using sign language? Y N

Describe any specific skills and/or personal qualities you would believe will be helpful to you in serving as a volunteer guardian. \_\_\_\_\_

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Do you have any physical or mental conditions that may interfere with your ability to serve as a volunteer guardian? If yes, please explain. \_\_\_\_\_

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Do you have a valid Ohio Driver's License? Y N License No. \_\_\_\_\_

Do you own a car? Y N Do you have reliable transportation? Y N

Do you have auto liability insurance coverage? Y N

**(If yes, please attach a copy of the policy declaration page – Please note, Volunteers are required to have automobile insurance with liability limits of at least \$300,000 combined single limit or splitlimits of \$100,000/\$300,000.)**

Have you ever been convicted of a felony? Y N If yes, explain.

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**Employment Information**

Current Employer \_\_\_\_\_

Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone No. \_\_\_\_\_

Employed From \_\_\_\_\_ Month/year to \_\_\_\_\_

## References

Please provide three references that are over the age of 18. At least two of the references should be business, professional or clergy (non-family members). Please notify your references so they will expect our communication.

1.

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Home \_\_\_\_\_ Work/Cell \_\_\_\_\_

2.

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Home \_\_\_\_\_ Work/Cell \_\_\_\_\_

3.

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Home \_\_\_\_\_ Work/Cell \_\_\_\_\_

## Volunteer Experience

Why are you interested in volunteering to be a guardian in our program? \_\_\_\_\_

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List your professional or volunteer experiences working with the elderly, the mentally ill or the mentally disabled. \_\_\_\_\_

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Please list your other volunteer experiences. \_\_\_\_\_

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How did you hear about the Volunteer Guardianship Program? \_\_\_\_\_

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**Emergency contact:** \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

[All individuals will be considered regardless of race, color, religion, national origin, sex or marital status.]

# Release of Information and Agreement to Participate

I, \_\_\_\_\_, hereby state that the information provided by me in this application is true and accurate to the best of my knowledge and ability and understand that this information will be used for the sole purpose of determining my suitability as a volunteer guardian. I am granting to the Williams County Department of Aging permission to contact references, employers, (current and/or previous) and to complete a law enforcement agency and a Bureau of Motor Vehicles, background check, including being fingerprinted, as part of the selection process for volunteer guardian participation.

I understand that there are risks inherent in any physical activity. I assume the risks and accept the consequences involved in my participation in the volunteer guardianship program. I understand that if I am injured, I am responsible for my health care costs and I agree to **release** the Williams County Department of Aging, its Board of Trustees, officers, agents, employees, volunteers or students from any and all claims for injury or illness resulting from my participation in the program.

I further understand that the clients of the Williams County Department of Aging entrust important information to the agency and the relationship between the client and the agency requires that we maintain their **confidentiality**. This fosters respect and trust. By volunteering for the agency, you are agreeing to maintain the confidentiality of our clients while you are here at the agency as well as after you leave. Any violation of confidentiality seriously injures the agency's reputation and effectiveness and could lead the agency to refuse to allow you to volunteer for the agency in the future.

Finally, I acknowledge and agree that I am not obligated by this application to perform as a guardian and that the Volunteer Guardianship Program reserves the right to decline a candidate for any reason the program believes in its own judgment is not in the best interest of prospective wards. I understand that upon successful completion of my training, I will be expected to sign a contract with the program and serve a minimum of one year. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the program coordinator with as much advance notice as possible.

\_\_\_\_\_  
Signature

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Printed Name

*Thank you for your interest in serving as a volunteer guardian through this agency. Once completed, please return this application to*

**Joan Horne**

*Volunteer Guardianship Program  
Coordinator, Williams County Department of  
Aging,  
1425 E High St. Bryan, OH 43506.*

(Revised April 2015)